07-09-05

PTO/SB/17 (12-

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Fees pure the properties of 12/08/2004. 10/642,454 Application Number TRANSMITTA Filing Date August 13, 2003 For FY 2005 First Named Inventor Eugene P. Marsh **Examiner Name** Hung K. Vu Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2811 TOTAL AMOUNT OF PAYMENT (\$) 1,150 Attorney Docket No. MI22-2382 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 100 250 200 Design 100 100 130 50 65 0 Plant 200 100 300 150 160 80 0 Reissue 300 150 500 250 600 300 200 Provisional 100 O O Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 **Total Claims** Multiple Dependent Claims **Extra Claims** Fee (\$) 17 __ - 20 or HP = 0 Fee (\$) Fee Paid (\$) 0 HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) 0 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Terminal Disclaimer: Petition for Extension of Time 1,150 SUBMITTED BY Registration No. 46,791 Telephone (509) 624-4276 Signature (Attorney/Agent) Date September 2005

Name (Print/Type) Robert C. Hyta This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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ENCLOSURES (Check all that apply)			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI Remarks Customer No. 021567	on Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTO Return Receipt Postcard; Check for \$1,150.00
SIGNA	TURE OF APPLICANT, ATTO	RNEY, O	R AGENT
Firm Name Wells St. John P.S. Signature Printed name	_		
Robert C. Hyfa		Reg. No.	46.701
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Date | September 8, 2005